Tees, Esk and Wear Valleys
NHS Foundation Trust

TEWV Quality Account 2022/23

Look back at 2022/23 quality achievements and look forward to 2023/24 quality improvement priorities

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Purpose

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- To look back at progress made on the Quality Account improvement priorities and quality indicators in the past year.
- To outline proposed quality improvement priorities for 2023/24 (which will be included within the 2022/23 Quality Account).

Looking Back – Quality Priorities 2022/23

Personalising Care planning

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- Improving care planning is now part of the Advancing Our Clinical , Quality and Safety Journey programme which is prioritising and escalating the areas of highest risk
- DIALOG is a care planning system and is based on and facilitates a co-creation approach to care planning
- Significant work has already been undertaken introducing the principles of DIALOG in preparation for the electronic version which launches 01 July 2023
- Work targeting AMH and MHSOP inpatient care planning, via the introduction of a paper-based version of DIALOG and DIALOG+ continues to progress well.
- There continues to be a key focus on improving carer involvement through the introduction of a designated carers tab on CITO, a new Carers Hub and launch of the Trust Carers Charter
- There has been a big focus on developing high quality actions plans with regard to improving the patient experience across clinical services.
- Following a scoping meeting there are plans to hold a multi-agency engagement event in relation to moving away from the Care Planning Approach

Measuring Progress

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Question	May 2022	March 2023
Inpatient		
Were you involved as much as you wanted in the planning of your care?	78%	74%
Were your family/carers involved in your care as much as you wanted?	81%	72%
Community		
Were you involved as much as you wanted in the planning of your care?	91%	92%
Were your family/carers involved in your care as much as you wanted?	84%	80%
Carer Survey		
Have you been asked to provide your experiences and history of the person you care for?	83%	84%
Do you feel that you are actively involved in decisions about the person you care for?	90%	88%

Improving Safety on our Wards

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Feeling Safe

- Our data is telling us that on average 59% (September) of patients feel safe within our inpatient areas against a target of 88% which is frequently not met.
- Feeling safe is not a mandated measure nationally – no comparisons possible
- A survey published in 2020 by the Parliamentary and Health Service Ombudsman found that one in five people did not feel safe while in the care of the NHS mental health service that treated them.
- Not feeling safe may be a an inherent feature of an individual mental health condition however there are many other elements that can impact upon how safe patients feel on our inpatient wards.
- We aim to create a positive relationship in which patients feel safe.
- There is a need to create an open and rehabilitative environment that promotes patient recovery, patient safety and a good working environment for staff. Therefore, it is important to create a safe environment through preventative interventions so that both staff and patients can feel safe.
- To better understand this issue we held Focus Groups in October 2022 across Adult Mental Health Services in DTVF

Improving Safety on our Wards

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Feeling Safe

These are some of the key things patients said to us when we asked them what feeling safe meant to them:

Feeling secure

Being able to trust staff

Feeling both Psychologically and physically safe

Being in a safe environment

What did we ask patients and staff?

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Patients

- What does feeling safe mean to you?
- During your stay on the ward have you felt safe?
- When you don't feel safe, what has caused this?
- What things help you when you don't feel safe?
- What does a safe day on the ward look like to you?
- When was the last time you felt safe? what was happening to make you feel like that?

Staff

- What does feeling safe mean to patients?
- During their stay on the ward have patients felt safe?
- When they don't feel safe what has caused this?
- What things help them when they don't feel safe?
- What does a safe day on the ward look like to you?

Some of our findings

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- **78%** of patients said that they felt safe on the ward they were currently staying on, patients said that sometimes other patients can cause them to feel unsafe.
- In comparison, **75%** of staff said that they thought patients felt safe on the ward. However, they identified the following reasons why some patients may not always feel safe: **when there are new patients admitted to a ward, not enough staff and lack of skills for some staff to effectively manage patient risk and engage with patients to keep them safe.**
- Some of the **reasons patients gave** for not feeling safe included: **other patients being violent, drugs and drink on the ward, their own illness, lack of engagement from some agency staff, staff not being visible in communal areas, noise and doors banging.**
- This was reiterated by staff that told us that patient presentation, violence and the ward environment can make patients feel unsafe. Staff told us that they didn't always feel safe on shift due to low staffing numbers and presentation of complex patients.
- **Reassurance from staff and staff support** is a key protective factor in ensuring that patients feel safe on the ward, patients value their relationships with staff.

What helps patients to feel safe:

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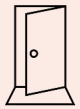
Peer support – talking to other patients on the ward

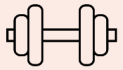
Staff support – getting reassurance from staff who listen to them and are adequately trained with the right skills and experience.

Being able to easily identify staff members from patients



Being able to go to my bedroom when there are incidents on the ward.

Accessing a place on the ward that is quiet.



Listening to music, arts and crafts and access to the gym.

Doing something productive, planting things looking after an allotment.

PAT therapy animals on the ward.

Doing activities, keeping myself occupied during the day.

Being able to access leave, if I can't get out on my own having enough staff to escort me.

This is now informing the development and delivery of our Patient Experience Improvement plans.

Some of the things we have done in response to what our patients and staff have said:

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Safe and visible staffing

- ✓ Releasing clinical staff time to care through 7 day a week administrative support to wards
- ✓ Introduced the SafeCare system (a nurse rostering system). This enables efficient allocation of staff and has inbuilt patient safety triggers to support patient safety.
- ✓ Improved the skill mix of staff on duty by investing in band 6 staff and recruiting advanced nurse practitioners and a positive and safe lead - this role focuses on adherence to best practice regarding restrictive interventions.
- ✓ Introduction of Practice Development Practitioners (PDPs) to support service improvement.
- ✓ We are introducing an Agency Passport to improve competencies, training and induction of agency staff prior to them working on the wards.
- ✓ Practice development practitioners are supporting improvements to the induction process for agency staff.
- ✓ Introduced Health Care Assistant and Registered Nurse Councils to ensure that staff have a voice in our secure inpatient services.

Patient leave

- ✓ Introduced a dedicated leave team to support patients to access leave.
- ✓ Patient access to leave is consistently discussed in the daily ward huddles

Some of the things we have done in response to what our patients and staff have said:

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Patient activities

- ✓ An annual timetable of activities and health promotion activities has been produced and is offered across our secure impatient services.
- ✓ Recruited to a number of activity coordinators who work on our wards across a seven day week.
- ✓ Introduced pet therapy animals within some wards.
- ✓ Recruited gym instructors for both PICUs.
- ✓ Support from the arts at Foss Park Hospital and Cross Lane Hospital with projects, co-created with patients, that are creating a better environment.

Patient environment

- ✓ Improvements to Roseberry Park Hospital courtyard areas including decorating feature walls and installing new planters which are managed by activity coordinators on the wards.
- ✓ Allocated lifecycle funds to replace outside furniture.
- ✓ Improved the safety of the internal space by introducing heavy duty furniture onto wards. On some wards there is ongoing estates work to improve the ward environment with daily (ward managers) and weekly (matron) walkabouts to ensure issues are addressed.
- ✓ Installed anti-ligature doors within Tunstall ward.
- ✓ Continue to review the use of carpets in collaboration with the IPC team and acoustics have been considered as part of the Roseberry Park Hospital rectification works.
- ✓ A number of actions in place as part of the environmental ligature reduction work with regular reporting through estates and facilities management.

Improving Safety on our wards

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Oxevision

- Oxevision is a tool that helps us care for patients more safely and was developed in collaboration with patients. The system has been designed specifically for mental health care and includes a regulated medical device which operates with an infrared-sensitive camera. It helps staff visually confirm a patient is safe through measuring their pulse and breathing rate - without disturbing their sleep.
- We have implemented it an a number of areas in the Trust and undertaken an evaluation of its impact
- The Trust has supported a national review in mental health wards and is disseminating the resulting guidance to relevant wards.
- Oxevision is also being rolled out to further wards across the Trust following the success observed to date.

oxevision®

Evaluation of Oxevision pilot

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Improved safety on the wards

- Over 90% of staff reported Oxevision improves safety on the ward and helps them identify falls they may otherwise not have known about.
- 90% of staff reported the system enabled them to prevent potential incidents and 86% reported the system made it easier to monitor the physical health of patients.
- 83% of patients felt the system kept them safer and 88% felt that it allowed staff to respond to them more quickly.

Older adults (Rowan Lea ward)

- 16% relative reduction in falls in bedrooms when compared to the control ward
- 25 - 40% relative reduction in assaults across the bedroom and ward respectively when compared to the control ward.

Acute Care (Elm ward)

- 7% relative reduction in self-harm in bedrooms when compared to the control ward.
- Harmful self-harm in the bedroom had a relative reduction of 85% when compared to the control ward.
- Ligatures also had a relative decrease when compared to the control ward.

Psychiatric Intensive Care Units (Cedar ward)

- 25% reduction in self-harm in bedrooms compared to its baseline. .

Evaluation of Oxevision pilot (2)

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Improved patient experience

- 100% of patients felt the system reduced disturbance at night-time.
- 89% of patients felt that the system improved their wellbeing and 92% felt it enabled staff to care for them better.
- Patients felt the system helps them get better sleep (80%), gives them a greater sense of privacy (83%) and dignity (90%) and improved their relationship with staff (88%).

Positive impact on risk management and restrictive practice levels

- 90% staff reported that the system enables them to better manage patient risk.

Improved care quality

- 79% of staff reported that the system enables them to provide better care for patients.
- 72% of staff reported that the system provides them with more information to help make better care or clinical decisions.

Improving Safety on our wards

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Body worn cameras

- The other technological innovation being trialled are staff bodycams. 10 wards are piloting this initiative. As the pilot has progressed there has been a range of emerging challenges. These include TEWV and supplier IT issues and additional training required to further progress the pilot.
- Wards and teams can explore ways in which they can develop sustained local processes focused upon maintenance and reviewing footage. Although the prime expected benefit of this technology is a reduction in restraint, national studies have also suggested that incidents (which include patient-patient violence) should be reduced.

Environmental work to reduce potential ligature points

- Programme for the installation of sensor doors
- Continued to embed the Safe Wards initiative (an evidence-based tool to reduce violence and support a safe ward environment)

Implementing the Patient Safety Incident Response Framework (PSIRF)

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- We have continued to review and improve our Serious Incident Review processes and reports to utilise evidence-based tools, with a focus on learning and identification of emerging themes.
- Staff have undertaken national training from Healthcare Safety Investigation Branch (HSIB).
- Involving families and carers throughout the process.
- Introduced a triage process for incidents that have been categorised as moderate and serious harm to determine quickly the appropriate route for review and to identify early learning.
- Introduced daily patient safety huddles to include clinical staff and subject matter experts.
- Reviewed and refreshed Directors Serious Incident Assurance Panels.

Implementing the Patient Safety Incident Response Framework (PSIRF)

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- Procured a new risk management/ incident reporting system
- Undertaken some listening exercises to ensure our staff have a full understanding of the Duty of Candour, undertaken an audit against Trust standards and identified some areas for improvement
- Work continues to improve the quality and oversight of patient safety action plans
- Introduction of Patient Safety Partners

Learnings about patient safety from West Lane Hospital

Our Trust stopped delivering inpatient children and adolescent mental health services (CAMHS) in September 2019 following a series of incidents at West Lane Hospital. Following this, NHS England commissioned an independent review looking at the care and treatment of three young woman who sadly died in our care in 2019 and 2020.

The review was clear that we needed to improve some of the ways that we work:

Improving the ward environment:

To reduce ligature risks we have made changes to some ward environments. We have:

- Removed shower curtains
- Replaced old taps with anti-ligature ones
- Installed anti-ligature doors in some areas
- Ligature risk is assessed monthly by your matron during walk-arounds
- We are also piloting a system called Oxehealth in some areas. Oxehealth is an alert system designed to improve safety for the people we care for.

Improving patient safety

We have changed the way we talk about risk; we now use safety summaries and safety plans. Patients, families and carers are much more involved in this.

- We used to record information about risk in multiple places. This led to mistakes. The primary place of recording risk is in the safety summary and safety plan.
- The quality of our records and content are regularly checked. We use a quality assurance schedule and peer visits to do this.
- Learning from these audits and visits is shared in team meetings and huddles so everybody knows how to keep patients safe.
- As part of our daily ward safety review, we now share important information which helps keep our patients safe.
- We have improved our response to incidents and how we learn from these.

Improving Our governance

Good governance is about having the right people in the right place with the right skills. This supports services to continuously improve and helps us to provide safe and effective care. We know we weren't getting this right and needed to make some changes:

- We have changed the way we share information from ward to board.
- New meeting structures have been developed.
- We are improving the way we are using data and information to better understand how to improve our services.
- We have introduced several new roles, so you may have noticed new faces. We have increased the clinical leadership and focus to help us inform our care.
- To enhance the patient voice, we have recruited lived experience directors and increased the number of peer support workers.

Quality Priorities for 2023/24

Our Quality Journey (our Quality Strategy)

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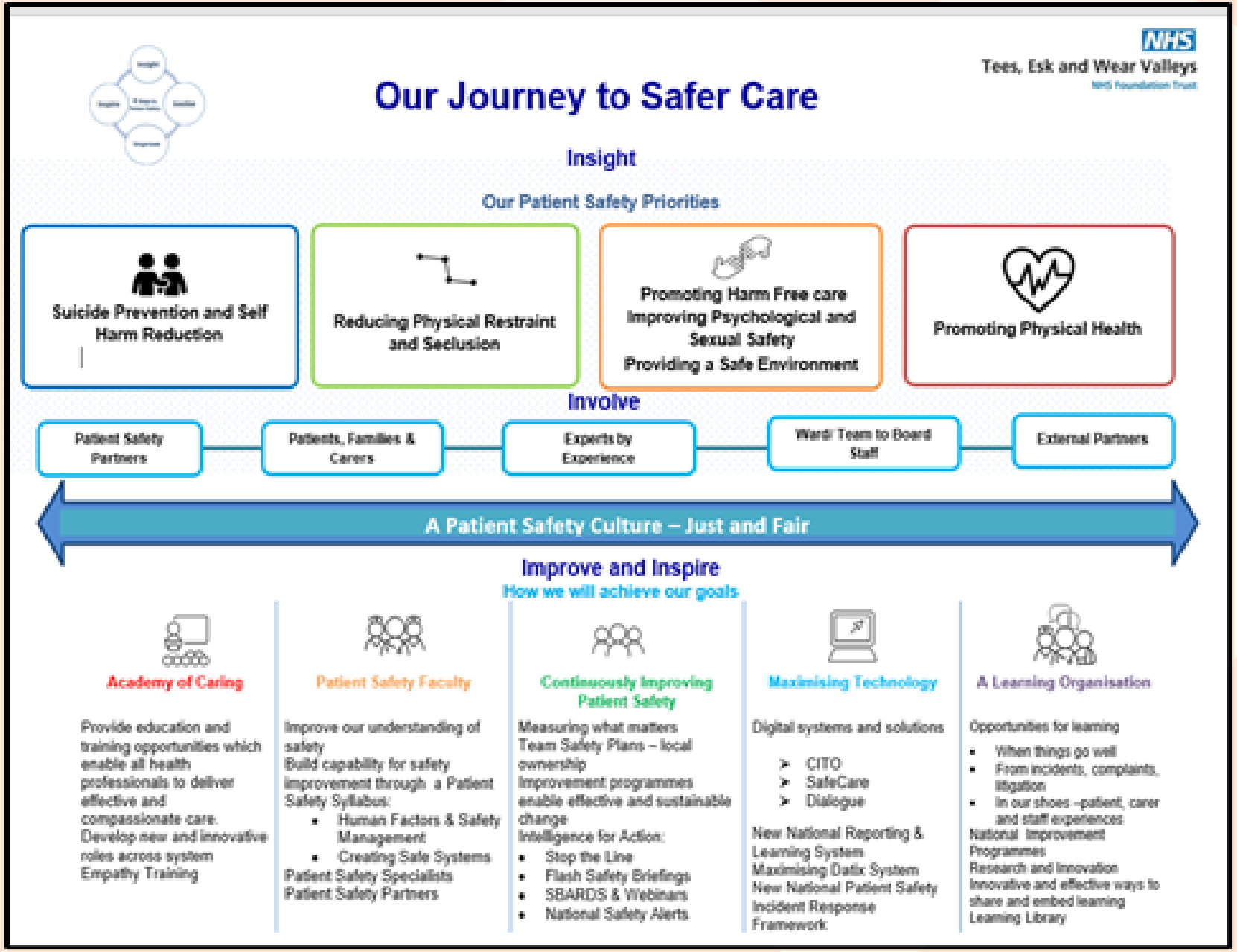
- Developed during 2022, with service user and carer input
- Links back to Our Journey to Change which was developed in 2020. This was based on over 2,000 inputs from service users, carers, stakeholders and staff and sets out our vision, mission, goals and values.
- Is supported by our clinical, cocreation, people and infrastructure journeys.
- Is being implemented through TEWV's OJTC Delivery Plan which was agreed at our April 2023 Board of Directors' meeting



National Patient Safety Strategy

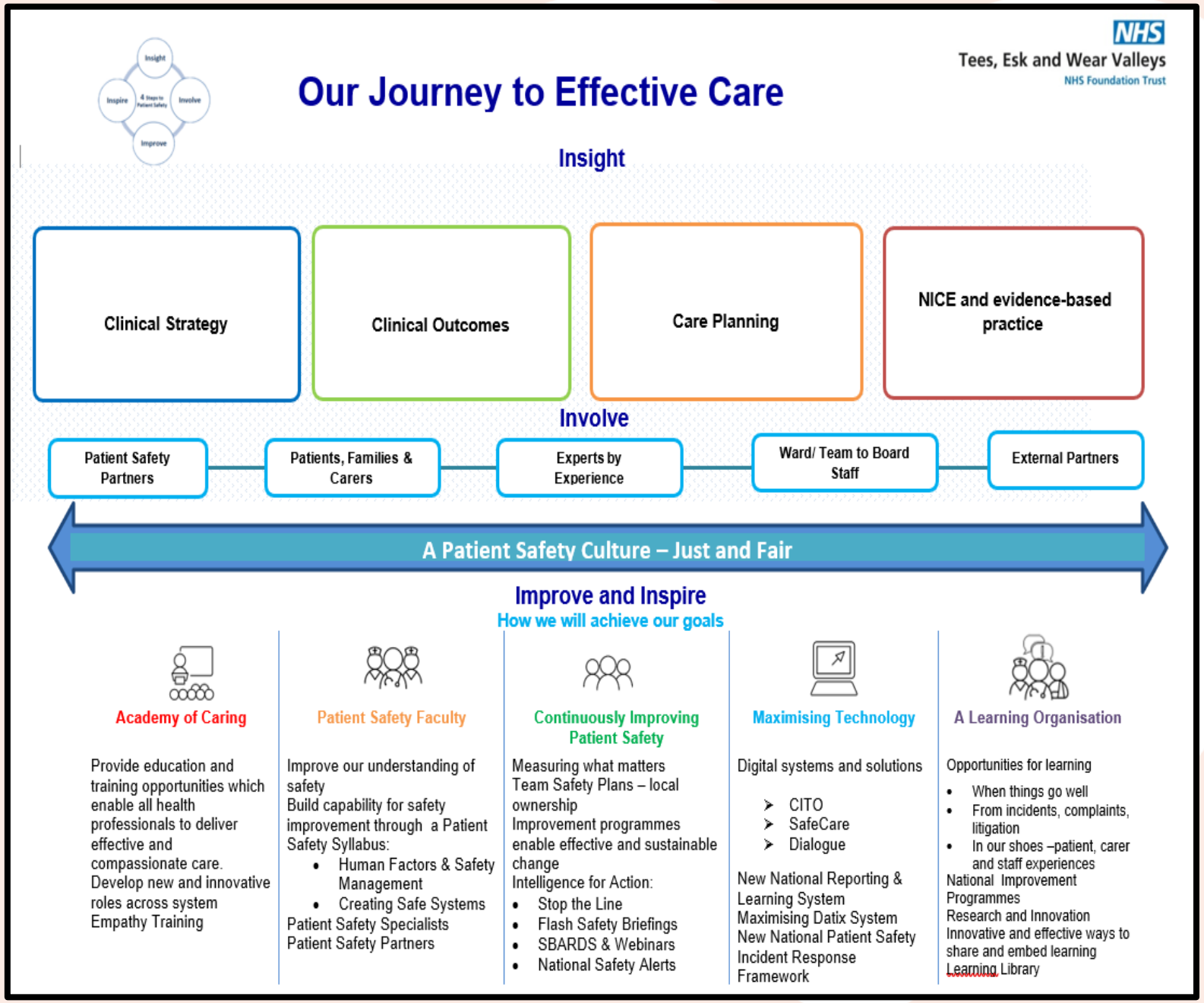
Reporting incidents directly via the new Learning From Patient Safety Events (LFPSE)

Improving Patient Safety through the transformation of the Patient Safety Incident Reporting Framework (PSIRF)

✓Patient Safety Syllabus

✓Patient Safety Specialists

✓Patient Safety Partners

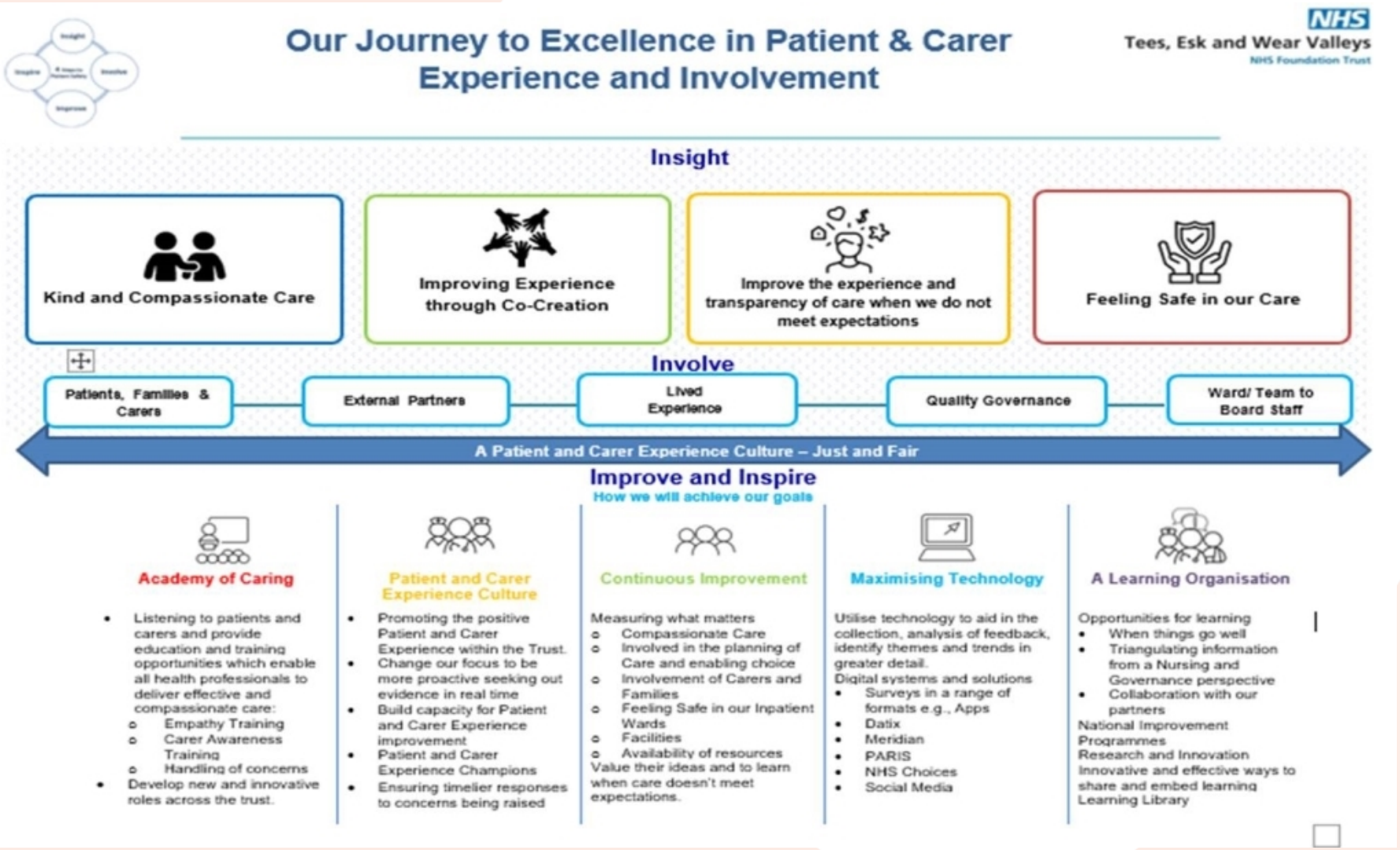


✓For each service, we will have in place a suite of clinical outcome measures and patient reported outcomes (effectiveness of care measures)

✓We will have improved data quality with regard to the ‘effectiveness of care’ measures that will be utilised by clinicians to better understand the impact of different approaches to patient care and treatments

✓Using this data, we will see an increase in the number of patients reporting an improvement in their symptoms after receiving care and treatment from the Trust

✓There will be an increase in patients telling us they have been able to influence their care and all care plans will be co-created with patients and their families



- We will demonstrate significant improvements in the experiences of the people using our services through using an increased range of methods and range of quantitative and qualitative information
- Service users, carers and staff will see that their voice makes a difference – by speaking out about poor care and making suggestions for improvements they are continuously improving the experience people have of our services.
- Patients will talk positively about the impact of restrictions on their recovery
- Patients on our wards will feel safe

Draft Quality Improvement Priorities for 2023/24

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Patient Safety

- To fully implement the new National Patient Safety Incident Reporting Framework by September 2023. To include:
  - The introduction of Patient Safety partners
  - Increase the number of staff undertaking the Level 1 and 2 Patient Safety Syllabus
  - Introduce an annual Patient Safety Summit

Patient Experience

- Continue to focus on patients feeling safe on our wards
- Increase the opportunities to involve carers in planning of care and decision making, in shaping and developing Trust initiatives
- Increasing responses for patient and carer feedback
- Utilise technology to aid in the collection and analysis of feedback, identifying themes and trends in greater detail

Clinical Effectiveness

- Embed DIALOG, our new digital care planning tool, and increase the percentage of carers/families involved in the planning of care

What next?

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- We welcome your comments for inclusion in our Quality Account.
- The Quality Account will be presented to the Trust Board of Directors in June 2023.
- Publication of the final document by 30th June 2023 on our website.
- We will be happy to bring six-monthly update on progress during 2023/24 to this Committee.

Questions and Comments

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We hope you can see:

- The huge amount of improvement work undertaken during 2022/23 and the key improvements achieved
- Why we have chosen the quality priorities we have for 2023/24

We are happy to take any questions or for you to share your comments.

Thank You